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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	1 obtain 10 to state supermentality							May 24	to Count to State S	Superinte	tendent ndent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning											
CERTIFI	CATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kı	nowledge.					
Date Signature, Chair, Board of Trustees											
County:			District:							District Le	vel:
03 Blaine 0028 Chinook Elem									Elemer	ıtary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection		ays erated	Bus Driver's Social Security #
67	10	1		94.5	1.15	54	1	08/23/05			
36	10	2		93.1	1.36	66	5	08/23/05			
64	10	3		91.2	1.15	54	ļ.	08/23/05			
						1	<u> </u>				

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	February 1	First Semester to County Superin 5 to State Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim	is for the period beginning	g	,	20	and ending _		, 20		
		month	day			month	day		
CERTIFI	CATION:								
The inform	nation on this form is comp	plete and accurate to th	e best of my kn	owledge.					
Date		Signature, Chair, Boar	rd of Trustees						
County:		District:	•	•			District Level:		

0029 Chinook H S 03 Blaine **High School** District Route Miles Rate Days **Bus Driver's** Percentage # Per Day Per Mile Capacity Inspection Operated Social Security # 1 33 10 94.5 1.15 54 08/23/05 2 10 93.1 64 1.36 66 08/23/05 36 3 91.2 54 10 1.15 08/23/05

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District	
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DUE	
DATES	

DUE DATES:		February 1 February 1	to Cou				•	Second Semeste to County Superint to State Superinte	ntendent
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION	•
This clain	n is for the	period beginning	,	month	day	20 and 6	ending		20 ay
CERTIFI	CATIO	N:			•				•
		this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date		Signature, Chair, Board of Trustees				-			
County:			District	:				District L	evel:
03 Blain	e		0030	Harlem l	Elem			Eleme	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	12	12-2		24	1.57	78	08/18/05		
70	12	12-3		98	1.57	78	08/29/05		
70	12	12-3A		114	1.57	78	08/29/05		
70	12	12-4		19.8	1.80	84	08/18/05		
80	12	12-5		28	1.57	78	08/18/05		
73	12	12-8		95.4	1.57	78	08/18/05		
80	12	12-K		27	1.57	78	08/18/05		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second 10 to Count 24 to State S	_	- itenden	t
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	CHOOL BUS T	'RANSPOR'	FATION	:	
This clair	n is for the	period beginning	,		,	20 and	l ending			20	
				month	day			month	a	ay	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:					District Le	evel:	
03 Blain	e		0031	Harlem l	H S				High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y Inspection		ays erated		Bus Driver's ocial Security #
30	12	12-2		24	1.57	78	08/18/05	;			
30	12	12-3		98	1.57	78	08/29/05	;			
30	12	12-3A		114	1.57	78	08/29/05				
30	12	12-4		19.8	1.80	84	08/18/05	·			
20	12	12-5		28	1.57	78	08/18/05	; <u> </u>			
27	12	12-8		95.4	1.57	78	08/18/05	; <u></u>			
20	12	12-K		27	1.57	78	08/18/05	;			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	<u> </u>	Hele	ena, M	Г 59620-25	01		School Bus Transportation County				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCH	IOOL BUS TRAI	NSPORTATION	:		
This clain	claim is for the period beginning										
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	olete and	accurate to th	e best of my kr	owledge.					
Date			Signatu	re, Chair, Boar	d of Trustees						
County:			District	:				District Le	evel:		
03 Blain	ie		0034	Zurich E	Elem			Eleme	ntary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	17	1		112	1 36	66	08/16/05				

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent 5: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 03 Blaine 0044 Turner Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 79 43 1 88 0.95 42 08/18/05 2 57 43 112 0.95 22 08/18/05 77 43 3 76.6 59 08/18/05 1.15 4 125.4 0.95 58 43 29 08/18/05 59 5 0.95 19 08/18/05 43 144.8

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School District Claim for State Reimbursement for **School Bus Transportation**

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District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 03 Blaine 0045 Turner H S **High School** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Operated Social Security # # Inspection 21 43 1 88 0.95 42 08/18/05 2 43 43 112 0.95 22 08/18/05 23 43 3 76.6 59 08/18/05 1.15 4 125.4 0.95 42 43 29 08/18/05 41 5 0.95 19 08/18/05 43 144.8

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRAN	NSPORTATION:		
This claim is for the period beginning							nding	, 2	20	
				month	day		m	onth da	y	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatur	re, Chair, Board	d of Trustees					
County: District:							District Level:			
03 Blain	e		1213 Hays-Lodge Pole K-12 So			X-12 Schls	High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	50	1		60.5	1.15	55	08/08/05			
100	50	3		84.4	0.95	42	08/08/05			
100	50	4		67.8	0.95	30	08/08/05			
100	50	5		69	1.36	66	08/08/05			
100	50	6A		26	1.15	55	08/08/05			
100	50	8		26	1.36	66	08/08/05			